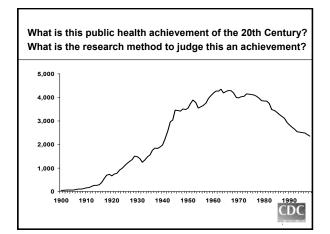
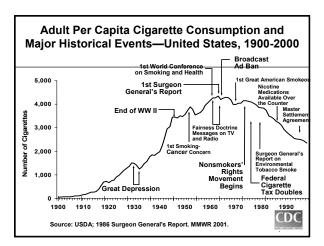
Lessons from Public Health Achievements of the Late 20th Century for Emerging Health Issues of the 21st Century

> Lawrence W. Green, DrPH Director, Office of Science & Extramural Research Centers for Disease Control & Prevention DMICC, Bethesda, April 8, 2004



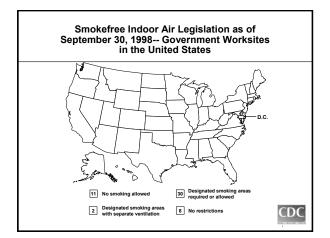


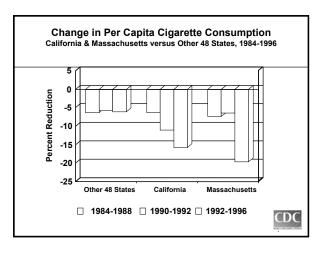




#### Lesson 1: Surveillance--Making Better Use of Natural Experiments

- Key to establishing baselines & trend lines that can be projected to warn against neglect
- Key to putting an issue on the public policy agenda
- Key to showing change in relation to other trends, policy and program interventions
- Key to comparing progress in relation to objectives and programs, over time and between jurisdictions.





### What Worked? Making Better Use of "Natural Experiments"

- Comprehensive program <u>and</u> tax increases in CA and MA resulted in:
  - 2 3 times faster decline in adult smoking prevalence
  - Slowed rate of youth smoking prevalence compared to the rest of the nation
  - Accelerated passage of local ordinances
- Similar, though later, experience in OR & AZ, and in population segments of FL

## **Lesson 2: Comprehensiveness**

- In trying to isolate the essential components of tobacco control programs that made them effective, none could be shown to stand alone
- Any combination of methods was more effective than the individual methods
- · The more components, the more effective
- · The more components, the better coverage





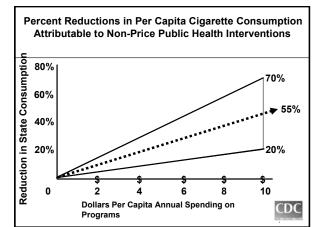
http://www.cdc.gov/tobacco



## Components of <u>Comprehensive</u> Tobacco Control Programs

- · Community Programs
- Counter-Marketing
- · Statewide Programs
- Cessation Programs
- Chronic Disease Programs
- Surveillance and Evaluation
- · School & Worksite Programs
  - Administration and Management
- Enforcement

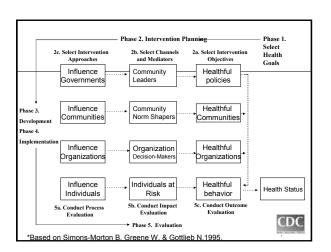
CDC

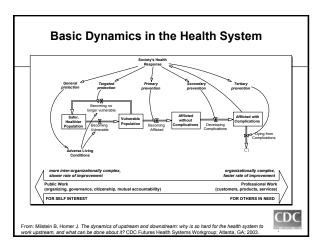


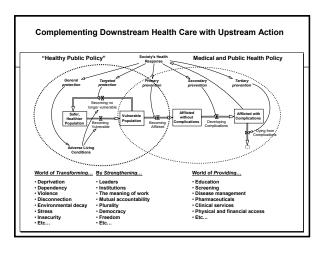
# **Lesson 3: The Ecological Imperative**

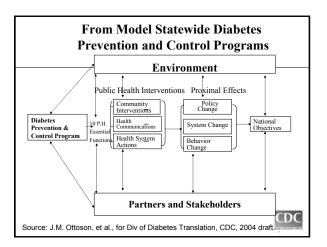
- · Need to address the problem at all levels
  - Individual
  - Organizational, institutional
  - Community
  - State, regional
  - National, international
- Need to make these levels of intervention mutually supportive and complementary







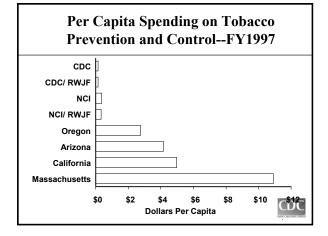




## **Lesson 4: Threshold Spending**

- A critical mass of personal exposure is needed for individuals to be influenced
- A critical mass of population exposure is necessary to effect detectable community response
- A critical distribution of exposure is necessary to reach segments of the population who are less motivated

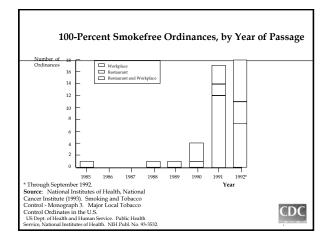


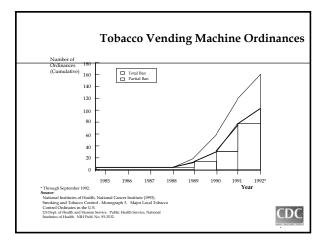


#### **Lesson 5: The Environmental Influence** and Settings Imperative

- · Environments provide opportunities
- · Environments provide cues
- **Environments enable choices**
- · Social environments reinforce positive behavior and punish negative behavior
- · Legal penalties and financial incentives can be built into environments
- Settings as best social definition of environment CDC







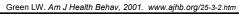
#### **Lesson 6: The Educational Imperative**

- · Public awareness of risks and benefits
- Public interest in lifestyle options
- Public understanding of behavioral steps
- Public attitudes toward the options & steps
- · Public outrage at the conditions that have put them at risk or in danger
- Personal and political actions



## Lesson 7: The Evidence-Based Imperative: The Need to Bridge...

- · "best practices" indicated by research to their application in practice in underserved areas
- · "best practices" from research to the most appropriate adaptations for special populations
- · The success of individual behavior changes of the affluent to the system changes needed to reach the less affluent, less educated...
- · University-based, investigator-driven research to practitioner- & community-centered research





#### A Vision for Future Effectiveness- and Community-based "Best Practices"\*

- · Emphasize control by practitioner, patient, client, community or population
- Emphasize local evaluation and self-monitoring
- Synthesizing research other than randomized trials
- Research on tailoring and new informatics technologies
- More systematic study of place, setting, and culture
- "Best practice" as processes to combine and adapt packaged interventions: population-based diagnostic planning & evaluation cycle

"Green LW. From research to 'best practices'... Am J Health Behavior CDC 2001; 25 http://www.ajhb.org/25-3-2.htm



#### Matching, Mapping, Pooling and Patching

- Matching levels of intervention with evidencebased best practices
- Mapping changes needed against theory to fill gaps in empirical evidence
- Pooling experience from model programs to fill gaps in evidence and theory
- Patching remaining gaps with local experience, innovation and evaluation



## Recap of the Seven "Lessons"

- · Surveillance, and better use of natural experiments
- · Comprehensiveness
- · The ecological imperative
- · Threshold spending
- · The environmental and settings imperative
- · The educational imperative
- The evidence-based imperative and limitations